Minnesota Board of Nursing

For Your Information

Fall 2021 Volume 29, Issue 4

MINNESOTA BOARD OF NURSING

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President's Message: Michelle Harker

After more than a decade of public service, President Michelle (Shelley) Harker has resigned her position with the Minnesota Board of Nursing, effective September 15, 2021. Shelley has been an unwavering advocate for public protection. Her rich knowledge and experience have been tremendous assets to all of us. She has worked tirelessly for the Board. Shelley is looking forward to extra family time. On behalf of the Board members and Board staff, Shelley, I give you a robust thank you and best wishes!

All elected offices on the Board are 12 month terms. The seat of Board President will remain vacant until our annual elections are held in December 2021. As Vice President, I will assume the responsibility for conducting our regular meetings and addressing administrative matters so that we are able to continue conducting Board activities without disruption. I have been a Board member since 2015 and have been active on several committees as well as being involved with NCSBN.

The Board is also pleased to announce that our search for a new Executive Director was successful. We welcome Kimberly Miller to the position. Director Miller brings more than 35 years of nursing expertise to us, including 23 years as a Nursing Practice Specialist with the Board. Prior to coming to the Minnesota Board of Nursing, Ms. Miller practiced as a Perinatal Clinical Nurse Educator, obstetrics, and gynecology staff nurse, and in nurse management. She has served on the Data Resources and Practice Committees, the Impaired Practitioner Task Force and Health Professionals Services Program Liaison. She partnered with colleagues to streamline discipline case management. She has spoken at both the state and national level on topics such as Next Generation NCLEX, drug diversion, impairment, and critical thinking.

The COVID 19 pandemic continues to be the biggest stressor for nurses. We can see that it is affecting our emotional and physical well-being. I regularly hear the word "resilience;" it has become a hot topic word over the last few years. Resilience has always been a part of who we are as nurses. We have always been able to adjust our practices to change: new diseases, new medications, advances in science and technology, changes in the way nursing education is delivered, and most importantly, meeting the changing needs of our patients. We are resilient at its best, accepting challenges, meeting them head on and often thriving far beyond expectation. We will continue to be spectacular throughout the demands of the pandemic.

COVID also impacted the way our regular

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Board and committee meetings have been held through a virtual platform. The public can attend virtual meetings easily without the burden of traveling to our physical location which is a positive result of this change. I want to extend an invitation to each of you to attend a meeting. This is an opportunity for you to observe the activity of the Board, to hear the discussions about nursing practice and education, workforce data and licensure, and the future of nursing. The meeting dates are published on the Minnesota Board of Nursing website.

National Council of State Boards of Nursing (NCSBN) is an independent, non-profit organization, whose members are nursing regulators from the US, Canada, the District of Columbia, and four US territories. Their mission is to "Empower and support nursing regulators in their mandate to protect the public." For anyone interested in nursing regulation from a wider perspective, visit NCSBN. The annual meeting was held in August and several MN Board members attended virtually. Our keynote speaker was Doris Kearns Goodwin, a bestselling author and presidential historian. She is an extraordinary storyteller, and was able to weave examples of leadership qualities into her stories. My takeaway was that great nurse leaders possess the same qualities. Here are my favorite qualities: character which is honesty, decency, inclusivity, ability to collaborate. Humility is to have a modest view of yourself, know that your way is not always the best way. Empathy which is having the ability to reach beyond yourself to truly see and feel the position of another person. Evolution of ambition meaning your drive to make something better and your ability to take others with you on the journey. Confidence to build a team of colleagues with differing views. To tie it all together; resilience.

One significant action approved by the voting delegate included approval of the Next Generation NCLEX (NGN) test design. The NGN will capture the clinical judgement and decision-making skills of an applicant. The complete history behind NGN can be found on their website:
https://www.ncsbn.org/next-generation-nclex.htm

I want to thank each of you for your unmeasurable efforts over the last 18 months. Our character and quality have never been more evident. It is no wonder that nursing is the most respected profession. You are valued and you are appreciated!

Warmest Regards,

Becky Gladis, LPN
Vice President, MN Board of Nursing

Minnesota Board of Nursing

New Executive Director of the Minnesota Board of Nursing

Kimberly Miller was appointed as the new Executive Director of the Board and took office on August 6, 2021. Miller has been a Nursing Practice Specialist at the Board since 1998. During this time, she participated on several Board committees, served as a liaison with the Health Professionals Services Program (HPSP) and worked with nurses on practice and discipline matters.

Miller is an appointed member on the National Council of State Boards of Nursing (NCSBN) NCLEX® Examination Committee and a facilitator for the NCLEX® Item Review Subcommittees. Ms. Miller's involvement at NCSBN includes work on the Next Generation NCLEX®(NGN).

The Board of Nursing welcomes Kimberly Miller to her new role as Executive Director.

APRNs Practicing in MN who hold a DEA Must Have an Active PMP

Minnesota Statute Section 152.126 subd. 6(c) reads in part: *every prescriber licensed by a health-related licensing board, practicing within this state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, shall register and maintain a user account with the prescription monitoring program.*

Practicing as an APRN in Minnesota includes teaching Minnesota APRN students and providing telehealth services to individuals who are physically located in Minnesota.

To maintain an "active" MN PMP account, the account holder must review and update their account profile information on an annual basis within the MN PMP web portal. APRNS must log into their MN PMP account to ensure it is active.

The name on the APRN license and DEA registration must match or the application will be denied. If the name on the APRN license and DEA number do not match, please contact the Board of Nursing. If an APRN does not have a current active PMP account, the APRN must register for a MN PMP account by clicking here. Remember to use the APRN license number when applying.

Failure to comply with MS Minnesota Statute Section 152.126 subd. 6(c) may be used by the Board as a basis for grounds for disciplinary action.

For questions or need assistance logging into the MN PMP
PMP Office: Phone: 651-201-2836 (M-F 8am-4:00pm CT)
Email: minnesota.pmp@state.mn.us

Highlights of the NCSBN 2020 Environmental Scan

The National Council of State Boards of Nursing (NCSBN) publishes an annual environmental scan to assist boards of nursing to strategically plan, anticipate, and prepare for new challenges on the horizon. The *2020 Environmental Scan* describes the state of the workforce, nursing education, healthcare delivery, technological advancements, and policy, as well as legislation. The scan also includes social, emerging regulatory, and international issues impacting regulators. This article will provide highlights of the *2020 Environmental Scan* which was published in the January 2021-Volume 11 supplement of the *Journal of Nursing Regulation*.

U.S. Nursing Workforce

According to NCSBN as of September 30, 2020, there were 4,204,723 registered nurses (RNs) and 934,245 licensed practical or licensed vocational nurses (LPNs/LVNs) in the United States. The number of employed RNs and LPNs/LVNs per population in each state varies widely across the country**.** Utah has a rate of fewer than 700 employed RNs per 100,00 population compared to the District of Columbia that has nearly 1,550 RNs per 100,000. States in the upper Midwest- specifically South Dakota (1,464 RNs per 100,000), North Dakota (1,279 RNs per 100,000), and Minnesota (1,259 RNs per 100,000)- have among the highest ratios of employed RNs per population. The West and Southwest regions have among the lowest ratios. In the Southeast, Georgia and Virginia have low ratios of (675-799 RNs per 100,000) people. The ratio of employed LPNs/LVNs is lowest (between 50-75 LPNs/LVNs per 100,000 people) in Alaska, Utah, and Hawaii. A much higher rate of LPNs/LVNs is noted in Louisiana, Mississippi, Arkansas, and Tennessee (between 321-415 per 100,000 people). Minnesota has approximately 353 LPNs per 100,000 population.

The National Sample Survey of RNs

In December 2019, results from the U.S. Department of Health and Human Services (HHS) and Health Resources Services Administration (HRSA) survey were released. The average age of an RN was 50 years; however, most nurses (53%) were younger than 50 years. Diversity of the RN population has increased since 2008, with proportions of both minority groups and men slightly increasing within the RN population.

Nursing Education: Program Growth and Pandemic Opportunities

The growth of nursing programs across the country since 2003 for RN programs is 61% and LPN programs is 17%. Comparable to the workforce data, RN program growth continues to increase, though growth has been slower since 2015. LPN growth has steadily decreased since 2013 and has remained moderately stagnant since 2017. A 10-year analysis of U.S. first-time NCLEX® takers by program type indicated that ADN graduates still account for the largest number of nursing program graduates. Nursing educators and regulators have an opportunity to examine novel methods of educating students during the pandemic. Regulators will need to be prepared to make future decisions involving increased reliance on virtual and high-fidelity simulation rather than traditional clinical experiences.

Diversity, Equity, and Inclusion

Nursing and higher education in the United States have been increasingly focused on identifying and eliminating systemic racism. Although white people make up 60% of the U.S. population, they hold 81% of the full-time professorships. African Americans and Hispanics comprise approximately 31% of the population and they only represent 4% and 3% respectively, of full-time professorships. In nursing, minority faculty make up 17% of all faculty positions, with more than half of these serving as associate or assistant professors or instructors, rather than full professors.

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On a positive note, the nursing profession has seen an increase in the number of minorities in Doctor of Philosophy (PhD) programs (23.3% to 33.6%) and Doctor of Nursing Practice (DNP) programs (21.1% to 36.0%).

Healthcare Delivery

The structure of the nation's healthcare system has been harshly tested this past year as it faced the COVID-19 public health crisis. Many hardships were experienced by our health systems, from a staffing crisis to insufficient facility budgeting due to the abundance of supplies necessary to keep patients and staff safe. The U.S. has focused technology on expansion of telehealth, the delivery of healthcare services at the bedside, and the monitoring of patients at home. APRNs continue to play an important role during the COVID-19 pandemic. Holding nurses to standards of professionalism, competence, and ethical practice has not changed during the pandemic. With this public health emergency, regulators help by communicating transparently with nurses and creating positive partnership with clinical facilities.

Legislation and Social Issues Impacting Nursing Workforce and Regulation

COVID-19 shifted the focus on licensing issues and how to get nurses to go where they were needed most. State emergency declarations included temporary suspensions or waivers of practice agreement requirements for APRNs. Nurses are challenged with the unprecedented number of patients who present with complex care needs. Stress, fear, and anxiety associated with being infected and caring for patients who are infected, may lead to an entry or relapse of substance abuse disorder (SUD). Timely intervention strategies for the psychological pressure on nurses are needed to help negative mental health outcomes such as SUD. COVID-19 will have a lasting impact on all dimensions of health care.

Executive Order 21-25 Protecting Minnesotans from "Conversion Therapy"

On July 15, 2021, Governor Tim Walz signed Executive Order (EO) 21-25 protecting Minnesotans from "Conversion Therapy", a practice of using therapy to attempt to change a person's sexual orientation, gender identity, or gender expression. Numerous health and professional education organizations denounce conversion therapy as it lacks scientific validation, poses dangerous health risks to the individuals and communities involved, and contributes to health and social inequities. Governor Walz orders that "All state agencies must pursue opportunities and coordinate with each other to protect Minnesotans, particularly minors and vulnerable adults, from conversion therapy to the fullest extent of their authority." "Responsible state boards, including the Board of Nursing, are strongly encouraged to evaluate conversion therapy practices and reject these practices by prohibiting conversion therapy use by licensees.

EO 21-25 was presented at the August 5, 2021 Board meeting. Board members will address this topic at their assigned Board committee meetings by reviewing the Nurse Practice Act and whether developing rules is necessary to prohibit conversion therapy practice by nurses.

The link to the entire Executive Order is: Executive Order 21-25 (mn.gov)

NCSBN Nursing Guidelines for Medical Marijuana and Implications for Nurses Practicing in Minnesota Providing Care for Clients Using Medical Cannabis

The Minnesota Board of Nursing has posted on the website guidance for nurses caring for clients using medical cannabis. It may be viewed here and below.

Nurses providing care for clients using medical cannabis are strongly encouraged to review the comprehensive guidelines published by the National Council of State Boards of Nursing (NCSBN). The "NCSBN National Nursing Guidelines for Medical Marijuana" is published in the Journal of Nursing Regulation and is available at https://www.ncsbn.org/marijuanaguidelines.htm Part I of the guidelines provides an overview of state and federal laws, a scientific literature review, and six essential nursing considerations. Part II of the guidelines provides recommendations for nursing education programs, APRN patient certification guidelines, and addresses nursing practice implications, which are discussed in the publication "Nursing Care of the Patient Using Medical Marijuana". The NCSBN also offers a continuing education course, "Caring for Patients Using Medical Marijuana" available at https://www.ncsbn.org/Article.pdf

Minnesota Nursing Practice: The Minnesota Medical Cannabis Act (Minnesota Statutes § 152.21-152.37) allows individuals with a qualifying medical condition to enroll in the Minnesota Medical Cannabis Registry and become eligible to receive smoke-free medical cannabis products. The Minnesota Board of Nursing recognizes that nurses may be involved in the care of clients who are receiving medical cannabis products. As always, nurses are expected to follow the prevailing standards of practice and the https://mn.gov/boards/nursing/laws-and-rules/nurse-practice-act/ Nurse Practice Act (Minnesota Statutes § 148.171- 148.285).
Nurses are eligible to register with the Minnesota Medical Cannabis Registry to become a registered designated caregiver for a specific client. Nurses must maintain registered designated caregiver status with the Medical Cannabis Registry while handling medical cannabis during client care.

Nurses providing assistance with administration of medical cannabis should review medical cannabis laws and rules, and other state laws and rules that may pertain to their situation. The nurse is responsible to:

- Apply nursing care standards for assessment, intervention, evaluation, and documentation while caring for clients receiving medical cannabis, and follow the nursing employment agency/facility guidelines for managing client care and the safe storage of medical cannabis.
- Follow standard general medication distribution/administration practices when assisting with medical cannabis administration.
- Employ guidelines for determination of dosage, frequency of use, and route as provided by the medical cannabis distribution pharmacist and any additional guidance by the client's licensed medical doctor, advanced practice registered nurse, or physician assistant.
- Have a working knowledge of the current state of legislation of medical cannabis in Minnesota. (NCSBN, 2018)

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- Have a general knowledge of the principles of medical cannabis and the medical cannabis program. (NCSBN, 2018)
- Have a general understanding of the endocannabinoid system, receptors, cannabinoids, and the interactions between them. (NCSBN, 2018)
- Communicate the findings of the clinical encounter to other health care providers and note such communication in the medical record. (NCSBN, 2018)
- Identify the safety considerations for the client use of medical cannabis. (NCSBN, 2018)

Resources

Minnesota Department of Health Issue Brief 15-04:
Medical Cannabis in Health Care Facilities Minnesota Department of Health Issue Brief 15-05:
Minnesota Office of Medical Cannabis
MS 152.22 Definitions
MS 152.28 Health Care Practitioner Duties
MS 152.32 Protections for Registry Program Participation
MS 152.34 Health Care Facilities MS 152.34

References

NCSBN National Nursing Guidelines for Medical Marijuana (2018). Journal of Nursing Regulation, 9(2), S23-26. Adopted 6/2021

National Council of State Boards (NCSBN) of Nursing Join Others in Support of COVD-19 Mandates for All Workers in Health and Long-term Care

NCSBN recently published the following joint statement on the NCSBN website: Due to the recent COVID-19 surge and the availability of safe and effective vaccines, our health care organizations and societies advocate that all health care and long-term care employers require their workers to receive the COVID-19 vaccine. This is the logical fulfillment of the ethical commitment of all health care workers to put patients as well as residents of long-term care facilities first and take all steps necessary to ensure their health and well-being. Because of highly contagious variants, including the Delta variant, and significant numbers of unvaccinated people, COVID-19 cases, hospitalizations and deaths are once again rising throughout the United States. Vaccination is the primary way to put the pandemic behind us and avoid the return of stringent public health measures.

This is especially necessary to protect those who are vulnerable, including unvaccinated children and the immunocompromised. Indeed, this is why many health care and long-term care organizations already require vaccinations for influenza, hepatitis B and pertussis. We call for all health care and long-term care employers to require their employees to be vaccinated against COVID-19. We stand with the growing number of experts and institutions that support the requirement for universal vaccination of health workers.

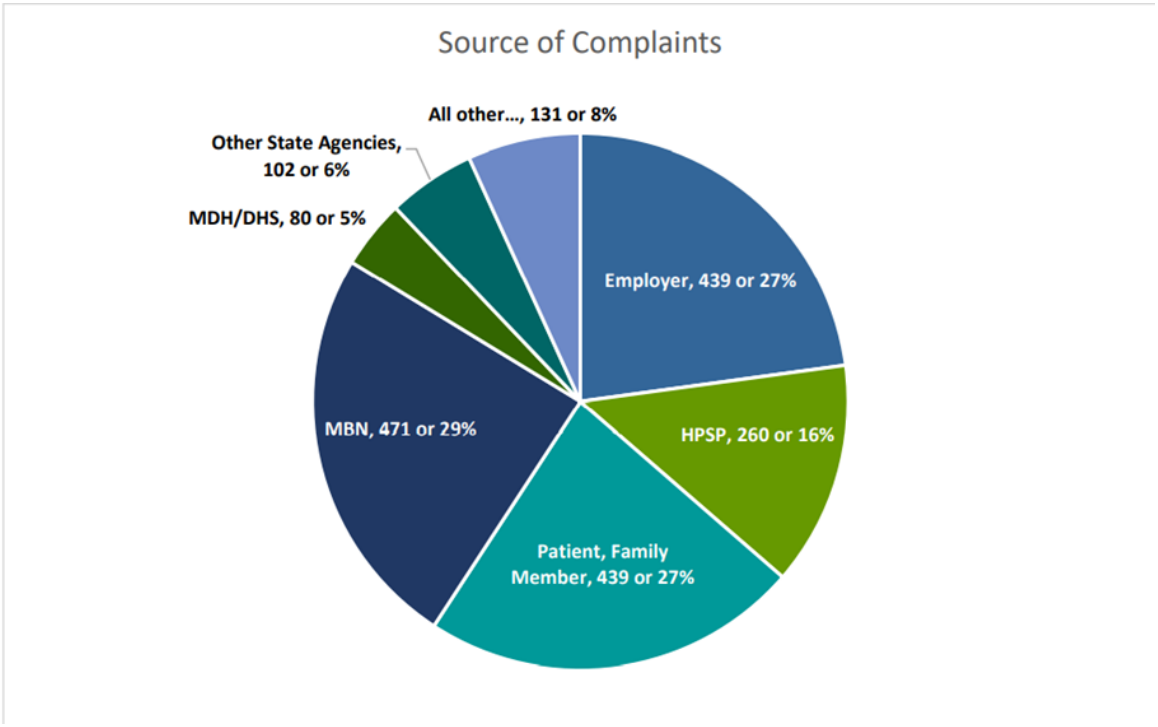
While we recognize some workers cannot be vaccinated because of identified medical reasons and should be exempted from a mandate, they constitute a small minority of all workers. Simultaneously, we recognize the historical mistrust of health care institutions, including among many in our own health care workforce. We must continue to address workers' concerns, engage with marginalized populations, and work with trusted messengers to improve vaccine acceptance. As the health care community leads the way in requiring vaccines for our employees, we hope all other employers across the country will follow our lead and implement effective policies to encourage vaccination. The health and safety of U.S. workers, families, communities, and the nation depends on it. Read the entire statement and organizations that have endorsed here.

2020 Annual Discipline Report

The Board of Nursing evaluates its disciplinary program on an annual basis. The Board considered the 2020 discipline report at the December 2020 meeting. The entire report can be viewed **HERE**. The following is a summary of the report. The data are reported on a fiscal year basis (July 1 to June 30).

Sources of Complaints

Any person or entity may file a complaint with the Board, including the Board itself. In specified circumstances, individuals or entities may be required to make a report to the Board.



The Board was the source of the largest number of complaints in FY 2020. Complaints from employers as well as patients and family members accounted for 27% of all complaints, respectively. The number of complaints received from employers decreased from 35% in the previous fiscal year, while those received from patients and family members represented an increase from 12% in the previous fiscal year. Complaints from the Health Professionals Services Program ("HPSP") comprised 16% of total complaints, which is comparable to the previous year. The HPSP makes reports to the Board that involve noncompliance with a participation agreement, discharge from the program, diversion, and issues regarding nursing practice that are outside of its jurisdiction.

Number of Complaints Received

The number of jurisdictional complaints received in FY 2020 decreased slightly as compared to the previous fiscal year. Complaints for RN license types have constituted the majority of jurisdictional complaints received during the past five years. Complaints for LPN, APRN, and applicant types have continued to trend downward.

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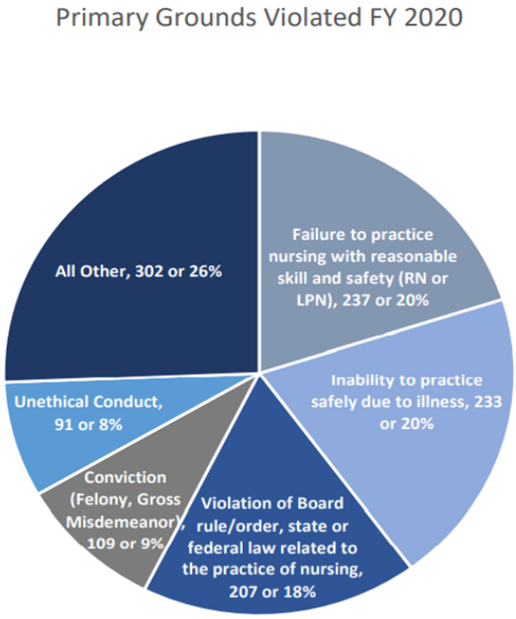
Number of Jurisdictional Complaints Received					
License	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
RN	644	723	799	716	700
LPN	223	247	305	230	199
APRN	108	102	106	104	85
Applicant	37	34	12	22	14
Total	**1012**	**1106**	**1222**	**1072**	**998**

Primary Grounds of Complaints

The grounds for disciplinary action are listed in Minnesota Statutes § 148.261, Subd. 1. In many cases, a complaint will encompass multiple statutory grounds for discipline. For purposes of organization and reporting, the grounds for discipline which constitutes the crux of the complaint against the licensee or applicant is designated to be the "primary" ground.



Failure or inability to provide safe and skillful nursing, as well as inability to practice nursing with skill and safety due to illness, including alcohol, drugs, mental and physical health, both represent the grounds most often alleged at 20% of complaints. The third highest grounds involves violation of a Board order, state or federal law relating to nursing practice, reports of maltreatment, and failure to pay taxes, which was identified in 18% of complaints. Grounds related to gross misdemeanor and felony convictions were identified in 9% of complaints in FY 2020. Finally, grounds for unethical conduct, representing 8% of complaints, overtook unprofessional conduct from the previous year.

Number of Open Cases at Year End

At the end of each fiscal year, the Board tabulates the number of cases that remain open and assesses the age of each case. A "case" encompasses all open complaints against a particular individual. The table below reflects the age and total number of open cases at the end of each of the respective fiscal years.

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The total number of open cases at the end of FY 2020 slightly increased from that of FY 2019 by 12%. This number includes both cases that were open for less than twelve months and greater than twelve months. The number of cases open for more than twelve months increased from the previous year, largely attributable to staff vacancies, delays associated with contested case proceedings, and protracted settlement negotiations. As a general trend, the number of cases open for greater than twelve months continues to remain notably higher over the past three years as compared to FY 2017 and prior.

Age of Open Cases at end of FY 2016-2020

Months	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<12	95%	95%	76%	85%	76%
>12	5%	5%	24%	15%	24%
Total	363	354	555	333	373

Complaint Dispositions

Depending on the nature and severity of a complaint, the Board will dispose of the complaint in one of the following ways:

- **Dismissal:** A complaint may be dismissed if the Board decides that the complaint is so minor or lacking evidence that pursuing discipline is not justified.
- **Referral to HPSP:** If, while investigating a complaint, the Board learns of chemical use/abuse or mental health issues that have not impacted the licensee's practice, but warrant monitoring, the Board may dismiss the complaint contingent on the licensee agreeing to HPSP monitoring.
- **Agreement for Corrective Action:** If the complaint arises from minor knowledge deficits, the Board may agree to an Agreement for Corrective Action. This is a non-disciplinary, but public, agreement for the licensee to obtain additional education through continuing education courses or consultations.
- **Disciplinary Action:** If the complaint warrants public action in order to serve public safety, the Board will issue an order, either stipulated to by the licensee or issued following a hearing, imposing discipline on the licensee. The various forms of disciplinary action are discussed below.
- **Stipulation to Cease Practicing Nursing:** The Board enters into stipulations to cease practicing nursing with licensees on occasions when it is prudent for the Board to postpone the discipline process in exchange for the licensee agreeing to cease practicing nursing. Often, these situations involve ongoing criminal matters. The Board resumes the investigation and disciplinary process once the incident giving rise to the stipulation has resolved.
- The table below reflects complaint dispositions for the last five fiscal years.

Complaint Dispositions FY 2016 - FY 2020

Action	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
						Total Number
Dismissed/Closed	67%	72%	71%	71%	70%	849
Disciplinary Actions	26%	20%	23%	22%	22%	262
Referred to HPSP	3%	5%	4%	4%	6%	71
Agreement for Corrective Action	3%	2%	2%	2%	2%	28
Stipulation to Cease Practicing	<1%	<1%	<1%	<1%	<1%	8
Total Actions	1295	1267	1152	961		1218

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Disciplinary Actions

The Board utilizes many forms of discipline ranging in severity from a reprimand to revocation of license. Each type of disciplinary action is set forth in the table below.

The Board took more actions in FY 2020 than in FY 2019. The number of actions is greater than the previous fiscal year, with similarity of FY 2018 and FY 2017. The number of reprimand/civil penalties and conditional licenses was slightly elevated in FY 2020, with stayed suspensions slightly decreased compared to FY 2019. As in previous years, disciplinary suspensions continue to represent the greatest share of disciplinary actions taken. It is notable, however, that only four years ago 42% of all actions taken were represented by disciplinary suspensions within a significantly greater total of 338 total disciplinary actions.

Disciplinary Actions FY 2016 - FY 2020

Action	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	
					Percent	Total Number
Reprimand/Civil Penalty	11%	6%	3.85%	8.41%	9.54%	25
Conditional License	3%	3%	3.08%	3.27%	6.49%	17
Limited License	2%	3%	2.69%	1.87%	1.15%	3
Stayed Suspension	21%	21%	13.85%	27.10%	22.90%	60
Voluntary Surrender	8%	15%	11.92%	10.75%	12.21%	32
Suspension (Disciplinary)	42%	25%	34.62%	33.64%	27.86%	73
Suspension (Administrative)	9%	13%	24.62%	8.41%	13.74%	36
Denial of License, Reregistration, or Petition	1%	5%	1.15%	3.74%	1.53%	4
Revocation	1%	3%	3.85%	2.80%	4.58%	12
Total Disciplinary Actions	338	257	260	214	100.00%	262

Conclusion

The Board is committed to its mission to protect the public and is always considering methods to improve efficiency and outcomes. As the data is analyzed and significant trends or changes in data are noted, the Board will continue to evaluate its discipline process and strive for excellence in producing results that benefit public safety.

Minnesota Board of Nursing

Link to Board member profiles:

http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp

How to become a Board member:

http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/

Minnesota Board of Nursing Members

Board Member Name	Board Role
Jacob Anderson	Public Member
Kaleeca Bible	RN Member
Laura Elseth	LPN Member
Sakeena Futrell-Carter	APRN Member
Julie Frederick	RN Member
Becky Gladis	LPN Member, Board Vice-president
Lynette How	RN Member
David Jiang	Public Member
Rhonda Johnson	LPN Member
Latasha Lee	RN Member
Katherine Lynch	LPN Member
Robert Muster	RN Member
Rui Jorge Pina	RN Member
Sara Simons	RN Member
Laurie Warner	Public Member, Board Secretary
VACANT	Public Member

What is the APRN Compact?

The APRN Compact, adopted August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states. The APRN Compact will be implemented when 7 states have enacted the legislation. States that have passed the APRN Compact are North Dakota and Delaware.

NCSBN has developed a model for states to enact the Advanced Practice Nurse Compact. More information can be found here.